

Appendix 3: Secure IBIS-PH Access Agreement Form: Public Health Professionals

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This agreement must be completed by all personnel who will have access to Utah Tracking Network data in any form and in any phase of data access.

Name: _____ Position Title: _____

By initialing the following boxes and signing this agreement form, you (the public health professional named above) agree to comply with the following stipulations and assurances supporting application for access Utah Tracking Network data through Secure IBIS-PH or in any other form (to include all manipulations, tabulations, aggregations, summarizations, and verbal communication generated from the data).

Please initial each box.

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I have read and shall comply with the Utah Tracking Program's consent policies. (Refer to the *Third Party Application for Access to IBIS-PH for Public Health Professionals* <http://health.utah.gov/enviroepi/activities/EPHTP/NewEPHT/securedata.html>).

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I will comply with all data use stipulations provided in writing by the data owner(s) as part of the approval of this application for access to data.

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I will provide the SRB with draft and final copies of public presentations (defined as any published paper, abstract, brief, report, letter, poster, speech, article, or other presentation that discloses data or information about the data, the data owner, or the Utah Tracking Network that is made available to the public (including organizational peers) through peer-reviewed or un-reviewed journals, magazines, newsletters, professional or public conferences, public or organizational meetings, or other forums or events to which persons not associated with the public health professionals (i.e., any individual who has not submitted a Secure IBIS-PH Access Agreement Form and received SRB approval) could be in attendance or have access) as described with the SRB authorization to access the data. The data owner(s) will have opportunity to comment on or approve these materials prior to any publications or presentations.

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I will provide the SRB with copies of public presentation materials for approval 30 days before the publication or submission for publication (even if submission will not immediately result in publication).

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I will comply with all state and federal laws, as well as department and program statutes, rules, policies, use restrictions, and requirements regarding security, management, use, and disclosure, particularly those that protect the privacy of individuals and research subjects. I understand that violation of any local, state, or federal laws may subject me to criminal or civil prosecution or other penalties.

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- ☐ I will use Secure IBIS-PH, and any other form of Utah Tracking Network data, only for the work-related activities outlined in the Secure IBIS-PH Access Request and approved by the SRB.
- ☐ I will make no use of the data for research or work-related objectives, analyses, or other uses not described in the approved Secure IBIS-PH Access Request without prior written authorization from the data owner(s). Use of the data for specific research projects requires the submission of a separate application and research proposal to be reviewed and approved by the SRB. I will not conduct specific research projects, particularly any projects that require IRB approval, without written approval and authorization from the SRB.
- ☐ I will not provide, distribute, disclose, or otherwise share Utah Tracking Network data, obtained from Secure IBIS-PH data obtained from Secure IBIS-PH or in any other way, to or with other persons or public health professionals unless approved by the SRB.
- ☐ I will follow the procedures and methods described in the Secure IBIS-PH Access Request and in any modifications made by the SRB.
- ☐ I will assure the integrity, confidentiality, and security of all Utah Tracking Network data in all forms. (See the online Policies and Procedure Manual for standards of data protection.)
- ☐ I will comply with any and all restrictions, requirements, and stipulations described by the SRB.
- ☐ I agree to be monitored by the SRB through the Utah Tracking Program, to provide progress and status reports as requested, and to meet other review process requirements as requested by the SRB.
- ☐ I will acknowledge the data owner(s) and the Utah Tracking Network in all public presentations (defined above) of Utah Tracking Network data and the findings derived from the data.
- ☐ I understand that I have an affirmative obligation to notify the Utah Tracking Network within 24 hours of any change in employment for either myself or any associated public health professionals so that data rights may be adjusted accordingly.
- ☐ I understand that the Utah Tracking Program and SRB members do not guarantee the accuracy of the data they provide through Secure IBIS-PH or in any other way.
- ☐ I understand that the Utah Tracking Program and SRB members do not guarantee that Secure IBIS-PH and other forms of data access will be functional. The Utah Tracking Program and SRB members are not liable for problems accessing data or for failures by public health professionals to meet deadlines because of problems with data or access.
- ☐ I understand that any breach by me or any associated individuals or organizations of any of the above agreements will result in an immediate termination of data access, as well as a denial of rights to data publication or presentation. Upon termination of access, I agree to erase all

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documents, databases, and all other electronic storage units containing any form of the data. I will return any other data or storage devices to the Utah Tracking Program. I understand that the SRB will have the discretion to approve or deny any impending publications or presentations involving Utah Tracking Network data.

Signature of Public Health Professional

Date:_____

Staff Member's Supervisor (PLEASE PRINT)

Signature of Staff Member's Supervisor

Date:_____